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**DECLARATION AND POWER OF ATTORNEY- USA PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled **HINGED THERAPEUTIC MOUTHPIECE**; the specification of which was filed on **July 31, 2002** as Application Serial No. 10/209,310;

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above;

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56;

I hereby claim the benefit under Title 35, United States Codes § 119(e) of any United States provisional application(s) listed below.

Application No.: 60/309,327

Filing Date: August 1, 2001

**POWER OF ATTORNEY:** I hereby appoint the registrants of Knobbe, Martens, Olson & Bear, LLP, 2040 Main Street, 14<sup>th</sup> Floor, Irvine, California 92614, Telephone (949) 760-0404, Customer No. 20,995.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful, false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor: **Greg J. VanSkiver**

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_

11-7-02

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Full name of second inventor: **Roxanne R. VanSkiver**

Inventor's signature



Date

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